



State of Rhode Island  
**Department of State - Business Services Division**

**STAMP**

**Annual Report for the year:** 2023  
**Limited Liability Company**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
**APR 18 2023**  
 BY 1504 DS  
FOR SECRETARY OF STATE

1. Entity ID Number 001724033	2. Exact name of the Limited Liability Company Fleet LLC		
3. NAICS Code 999999	4. Brief description of the character of business conducted in Rhode Island Hold/manage boat		
5. State of Formation RI			
6. Principal Office Address 1 Brookfield Court		City East Greenwich	State RI
Zip 02818			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Colin O. Sherer, Esq.		Contact Title Resident Agent	
Street Address One Citizens Plaza, Suite 530		City Providence	State RI
Zip 02903			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person Samuel H. Fleet, Member			Date 4/9/23
Signature of Authorized Person			

**MAIL TO:**  
 Division of Business Services  
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